

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/526,003
	Confirmation Number	
	Filing Date	with an effective filing date of August 26, 2003
	First Named Inventor	Helmut SEIDLITZ and Eduard LACK
	Group Art Unit	1797
	Examiner Name	Joseph W. DRODGE Fax: (571) 273-8300
Total No. of Pages in this Submission: 10	Attorney Docket Number	HAFTOM P02AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$130.00 <input checked="" type="checkbox"/> Amendment/Response [5] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <input type="checkbox"/> Replacement Sheet(s) ... <input type="checkbox"/> <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> <input type="checkbox"/> Request for Refund <input type="checkbox"/>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> <input type="checkbox"/> Status Letter <input type="checkbox"/> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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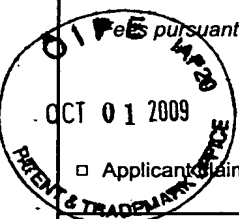
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	September 28, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on <u>September 28, 2009</u>	
Signature	Date: September 28, 2009 (amp)



Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$130.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/526,003
with an effective filing date of
August 26, 2003
Helmut SEIDLITZ and Eduard
LACK
Joseph W. DRODGE
1797

Attorney Docket No.

HAFTOM P02AUS

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> x	<u>Fee (\$)</u> \$52/\$26 =	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> \$220/\$110 =	<u>Fee Paid (\$)</u>	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u> -100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u> \$270/\$135 =	<u>Fee Paid (\$)</u>
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Petition for One Month Extension of term</u>	<u>\$130.00</u>

SUBMITTED BY

Signature

Telephone (603) 226-7490

Name (Print/Type)

Michael J. Bujold

Registration No.
(Atty/Agent) 32,018

Date: September 28, 2009

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$130.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17

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Attorney Docket No.	HAFTOM P02AUS

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Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

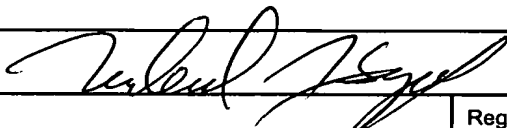
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SUBMITTED BY

Signature		Telephone (603) 226-7490	
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: September 28, 2009

